

NOTICE OF COLORADO PAROLE BOARD ACTION - DEFER							
<input checked="" type="checkbox"/> Full Board Review	<input type="checkbox"/> Amend	DOC#	Date 08/29/2012	Tape No			
		Location	Sent Type MANDATORY- 3 yrs.				
Name			EST PED	EST MRD	SDD		
			10/06/2012	10/06/2017			
OFFENSE	CLS	GOV	COUNTY	CASE #	SENTENCE	TYPE	SVP
					MIN: 10-00-00		
					MAX: 10-00-00	IN	N
					MIN: 05-00-00		
					MAX: 05-00-00	IN	N
<input checked="" type="checkbox"/> DEFER: Date 08/2013							
<input type="checkbox"/> Hearing Waived (by inmate) <input type="checkbox"/> To discharge <input type="checkbox"/> Due to parole plan problems <input type="checkbox"/> To complete program(s) <input type="checkbox"/> Other: <input type="checkbox"/> To await program				Hearing Non-Appearance: <input type="checkbox"/> Court/Jail <input type="checkbox"/> Refusal <input type="checkbox"/> Transferred <input type="checkbox"/> Other:			
RECOMMEND: Transition through community corrections, pursuant to 18-1.3-301, CRS.							
<input type="checkbox"/> Standard referral <input type="checkbox"/> Refer with specialized treatment as warranted							
Defer Reasons: RISK RELATED				Defer Reasons: READINESS RELATED			
Risk Assessment <input checked="" type="checkbox"/> Colorado Actuarial Risk Assessment Scale: (dated 08/16/2012) score 38 HIGH <input type="checkbox"/> LSI-R: 31 <input type="checkbox"/> Administrative Release Guidelines, CRS 17-22.5-404(4) (c) <input type="checkbox"/> Sexually Violent Predator Finding <input type="checkbox"/> Judicial <input type="checkbox"/> Parole Board <input type="checkbox"/> SVP Assessment				Program Considerations <input type="checkbox"/> Inadequate program participation/progress <input type="checkbox"/> Inadequate treatment participation/progress <input type="checkbox"/> Offender in program <input type="checkbox"/> Offender awaiting program <input type="checkbox"/> Offender requests program <input type="checkbox"/> Inadequate Progress Assessment Summary ratings			
Risk Considerations <input type="checkbox"/> Institutional conduct infraction (COPDs/'Write-ups') <input type="checkbox"/> COPD Violation AR 150-01: Class II (25)(c) <input type="checkbox"/> Parole risk (Any prior failures) <input type="checkbox"/> Prior absconds/escapes or attempts <input type="checkbox"/> Public risk (Concerns for public safety) <input checked="" type="checkbox"/> Severity/Circumstances of offense <input type="checkbox"/> Prior criminal history <input type="checkbox"/> Violence <input type="checkbox"/> Sexual violence				Parole Plan Considerations <input type="checkbox"/> Inadequate parole plan (incomplete or unacceptable) <input type="checkbox"/> Lack of suitable parole sponsor <input type="checkbox"/> Inadequate housing/accommodations/location <input type="checkbox"/> Inadequate work opportunity/plan <input type="checkbox"/> Inadequate education plan			
State Parole Board Signatures							
The undersigned hereby certify that all, but not limited to, parole guidelines set forth in CRS 17-22.5-404(2),(3), and (4) were taken in to consideration as per statute. [The 2nd and/or additional signatures, if not actually present at the hearing, are signed indicating they 'reviewed' the action, pursuant to CRS 17-2-201(9)(a)(i)]							
1) MICHAEL ANDERSON				5) DENISE BALAZIC			
2) ANTHONY YOUNG				6) REBECCA OAKES			
3) JOHN O'DELL				7) ALFREDO PENA			
4) PATRICIA WAAK							
Distribution: <input checked="" type="checkbox"/> Parole Board <input checked="" type="checkbox"/> D.O.C. Records <input checked="" type="checkbox"/> Time Comp <input checked="" type="checkbox"/> Working File <input type="checkbox"/> Inmate							